



**Mersey and West Lancashire
Teaching Hospitals
NHS Trust**

PATIENT INFORMATION

Frozen Shoulder

**REHABILITATION EXERCISE
BOOKLET - A RESOURCE FOR
GPS AND PATIENTS**

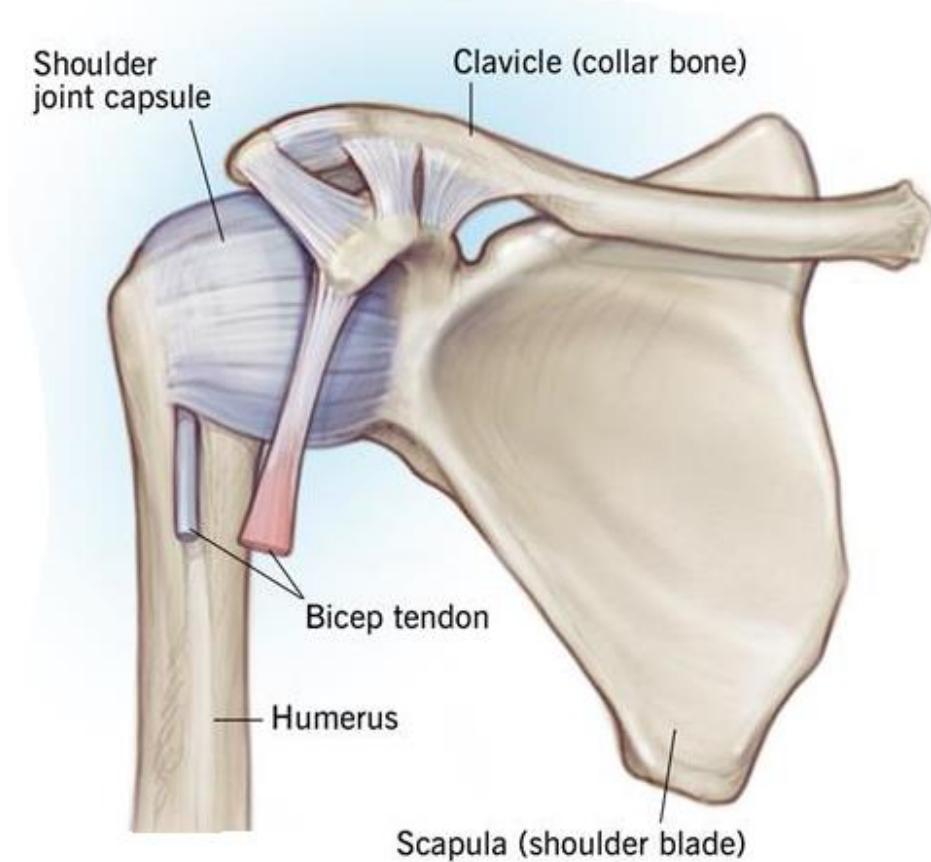
INFORMATION

The aim of this booklet is to provide you with information about frozen shoulder to help you with self-management.

ANATOMY OF THE SHOULDER

The shoulder is a ball and socket joint between the head of the humerus (the upper arm bone) and the scapula (the shoulder blade).

The shoulder joint is enclosed by a fibrous sheath called the joint capsule. The capsule is normally a very flexible elastic structure and its looseness and elasticity allows the large range of movement that the shoulder has.



With a frozen shoulder the capsule becomes inflamed and contracted. The normal elasticity is lost and pain and

stiffness develop.

WHAT IS FROZEN SHOULDER?

Frozen shoulder is an extremely painful condition leading to stiffness and disability.

It is estimated that frozen shoulder affects between 2% and 5% of the general UK population at some point in their life and is most common between 45-60 years of age and more common in females.

The exact cause of the condition is not known.

It is associated with other conditions such as diabetes, high cholesterol, heart disease and is also seen in people with scar tissue in their hands, a condition called Dupuytren's contracture. It may follow an injury to the shoulder or surgery.

The condition usually goes through overlapping phases starting with pain, then stiffness and finally a stage of resolution as the pain eases and most of the movement returns. This process may take a long time, sometimes as long as two or more years.

WHAT ARE THE SYMPTOMS?

- Pain in the shoulder which is constant, severe and affecting sleep.
- There is often an ache at rest with sharp pains with forceful movements.
- Marked loss of shoulder movement.

DIAGNOSIS AND INVESTIGATIONS

Diagnosis is based on the history and physical examination.

An x-ray of the shoulder may be performed but this is not always necessary.

TREATMENT

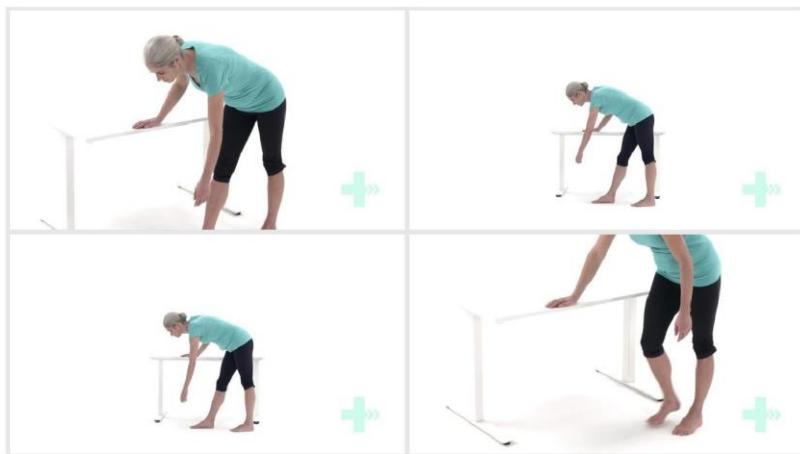
Treatment depends on the phase of the condition and the severity of symptoms. Your therapist/doctor will discuss the options dependent on your individual needs. This may include:

- Pain relief: Analgesia, Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)
- Physiotherapy
- Shoulder joint corticosteroid injection for short-term pain relief
- Distension Arthrogram/Hydrodilatation: This is a procedure where the shoulder capsule is injected with a mixture of saline, local anaesthetic and steroid under pressure to stretch the capsule

If symptoms do not improve with the above treatments you may be referred to an Orthopaedic Consultant to discuss further management options, such as surgical release of the capsule or manipulation under anaesthetic.

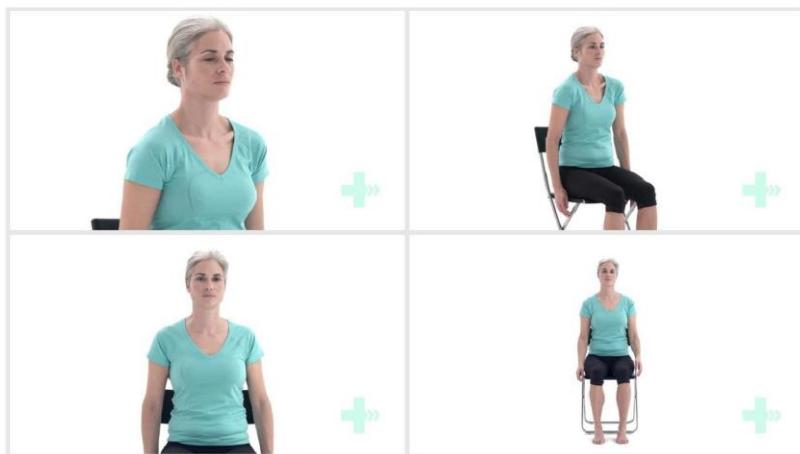
EXERCISES

1. Pendular shoulder swing



Lean onto a table with your good arm, letting your affected arm dangle forwards in front of you. Using gentle movements of the body, let this arm swing backwards, forwards, side to side, and in circles. The more you lean your body forwards, the more you will stretch your arm.

2. Shoulder circling



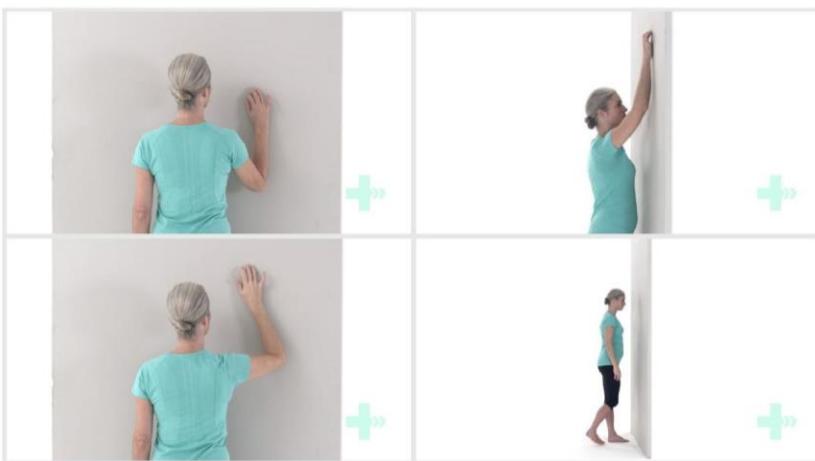
Roll your shoulders in a circle, pulling them forwards, up, back and down. Imagine you are moving them around a clock face. Reverse the movement so your shoulders go the other direction.

3. Sliding with towel



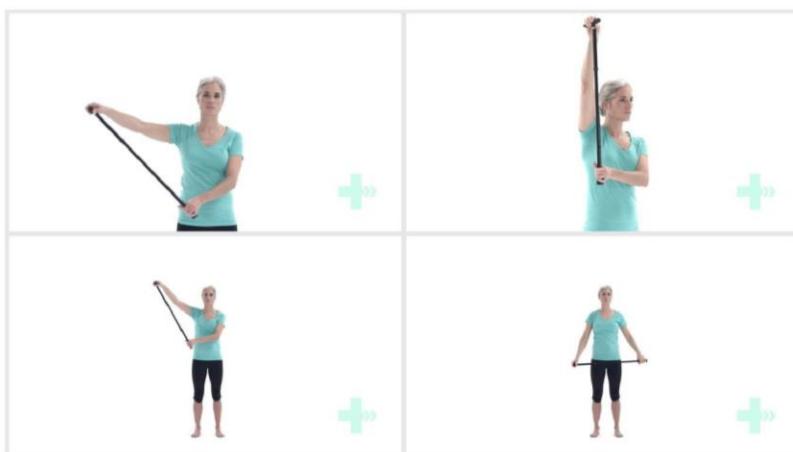
Spread a towel on a table and place your arms on the towel.
Hold your affected hand with your unaffected hand.
Slide your arms forward on the surface.
Straighten your elbows.
Slide your arms back to you and note how the towel slides your arms over the surface.
Be careful not to lift your arms from the surface or table.

4. Shoulder wall walks



Stand up straight facing a wall.
Place the hand of your affected arm on the wall.
Walk the fingers up the wall, aiming to get your hand as high as possible.
Make sure you do not hunch your shoulder up, or lean your body as the arm gets higher.
Once you have reached your furthest point, walk the hand back down the wall, then repeat the movement.

5. Shoulder abduction with assistance



Hold a stick in both hands and hold it in front of you.

Push across your body with your good arm, lifting your affected arm out to the side.

Be careful not to hunch your shoulders up or twist your body around.

Control the movement back down carefully.

6. Supine shoulder ER(N) stretch



Lie on your back with your symptomatic arm on a pillow by your side.

Hold a broom stick in both hands with both elbows at a right angle.

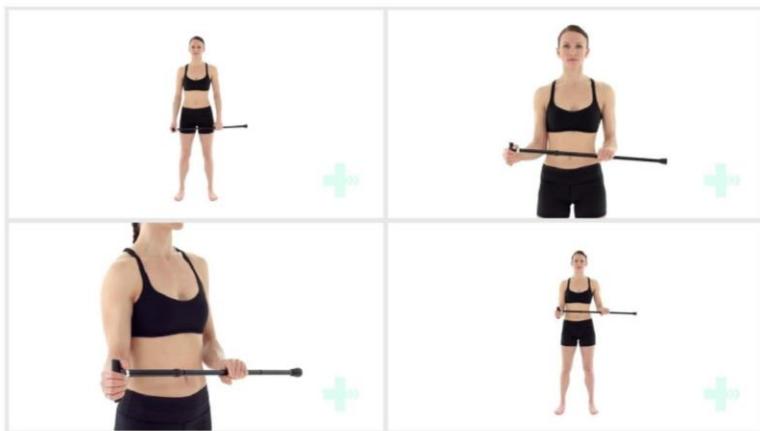
Use your good arm to push the stick across your body towards your symptomatic arm, turning the forearm outwards.

You should feel a stretch at the front of your shoulder.

Do not allow your upper arm to move away from your body.

Hold this position.

7. GHjt ER(N) stretch in stand with stick



Stand up straight holding a stick.

Hold the handle of the stick on the side you would like to stretch.

Take the rest of the stick in your other hand, holding it horizontally across your body.

Both elbows should be bent to around 90 degrees.

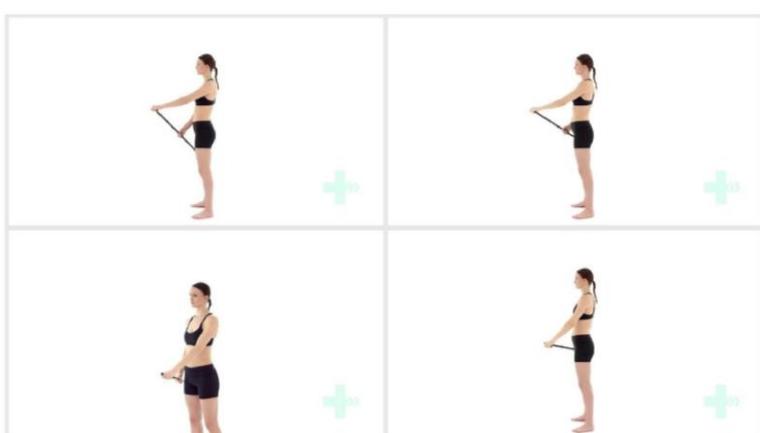
Keeping your back straight, shoulder blades relaxed and your gaze directly ahead, rotate your forearm on your affected side outwards.

Use your other arm to generate this movement, keeping your affected shoulder as relaxed as possible.

Your elbow on your affected arm should remain by your side throughout.

Hold this position when you feel a stretch across your shoulder and chest.

8. AAROM GHjt flexion with stick



Stand up straight and hold a stick in both hands in front of you.

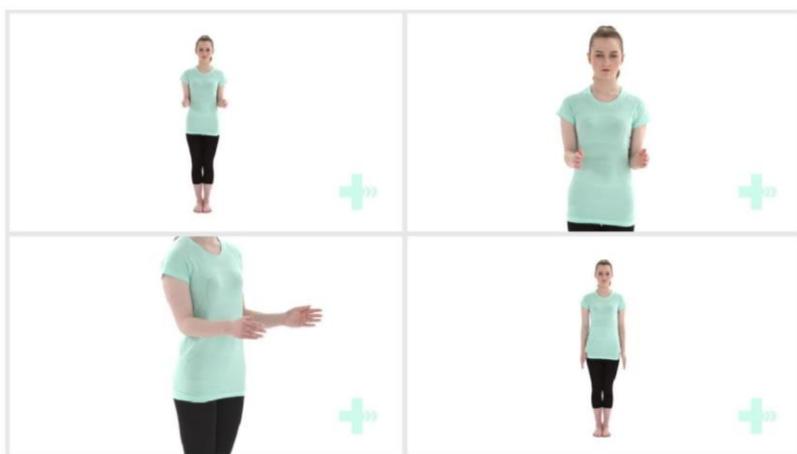
Your hands should be shoulder width apart.

Lift your arms forwards and up, using the stick to help this movement.

Make sure you do not hunch your shoulders or lean your body as you lift your arms.

Control the movement as you lower back down to the starting position and repeat.

9. Shoulder external rotation (active)



Stand up straight with your arms by your side.

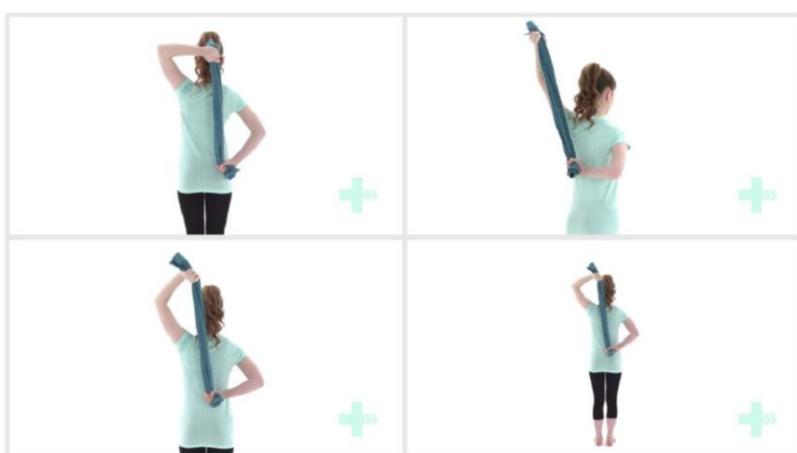
Bend your elbows to 90 degrees.

Turn your forearms outwards, keeping the upper arms by your side.

Make sure your body stays still.

Bring your arms back in towards your tummy.

10. Shoulder internal rotation with towel



Stand up straight.

Take a towel and drape it over your good shoulder.

Reach behind your back with your symptomatic arm and hold the other end of the towel.

With your top hand pull the towel straight up so that your back hand comes up towards your shoulder blade.

You will feel this stretch in the front of your shoulder.

11. Supine shoulder ER beach stretch



Lie on your back.

Bring both hands up behind your head.

Slowly let your elbows drop out to the side as far as you can, you will feel a stretch across your shoulders.

Hold this position.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

Your own GP –

Physiotherapy Dept, Ormskirk Hospital – 01695 656268

Physiotherapy Dept, Southport Hospital – 01704 704962

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) – 0300 100 1000

Stop Smoking Helpline (West Lancashire) – 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

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We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.

Please access the Friends and Family Test at the following
link:

<https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/>

Thank you

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Ref: 20/28

Version: 2

Reviewed: April 2023

Review Date: April 2026